

Promoting a Culture of Continuous Learning in Early Care and Education Settings: A Summary for ECE Leaders

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OPRE Report # 2021-207 | September 2021

Young children and their families benefit from early care and education (ECE) settings that implement high-quality practices that support children's well-being, health, and safety. Activities to support quality are a focal point of federal and state investments, including more than \$1 billion of the Child Care and Development Fund and nearly \$240 million in Head Start Training and Technical Assistance.¹ Quality improvement activities include a variety of delivery modes and content areas to address children's developmental needs and to align with the knowledge and skills of the ECE workforce. The work of quality improvement in ECE is challenging using existing methods, and sustained changes in quality across ECE settings have not been widespread.² ECE leaders and staff are seeking new approaches to quality improvement that can promote meaningful and sustained changes in practice. **The purpose of this brief is to share findings from the Culture of Continuous Learning (CCL) project, a study of the Breakthrough Series Collaborative (BSC) in ECE programs. The BSC is a quality improvement methodology tested in ECE programs to support practice change by addressing individual and organizational factors associated with sustaining high-quality practices.**

This brief is structured in the following four sections:

- Outlining the context for quality improvement in ECE settings and the growing interest in strategies that promote ongoing learning and change rather than demonstrating quality at one point in time.
- Describing the BSC and providing an overview of how the method works to promote change.
- Sharing what we learned about the ECE programs that participated in the pilot study and if the quality improvement method worked as expected.
- Reflecting on the implications of the findings for quality improvement initiatives in ECE systems.

This brief will provide information for decision makers at the federal, state, and local levels who fund quality improvement strategies.

The Culture of Continuous Learning Project

The Culture of Continuous Learning (CCL) Project: A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality. The CCL Project is being conducted by Child Trends, the University of Massachusetts-Boston, JRA Consulting Ltd., and the Center for the Study of Social Policy. It is funded by the Office of Planning, Research, and Evaluation in the Administration for Children and Families in the U.S. Department of Health and Human Services. The purpose of the project is to assess the feasibility of implementing a Breakthrough Series Collaborative to support social and emotional learning in child care and Head Start programs. [The project webpage](#) provides further information and context that supplement the content of this brief.



To preview our key conclusions, the **BSC has promise for ECE settings**. The method is compatible with a focus on continuous improvement promoted by ECE leaders. The method is flexible enough to be used with different content areas. Staff in center-based ECE programs participated in the activities and reported engaging in the content and the quality improvement process. The research team documented initial changes in practices that indicated increased organizational support of quality improvement and movement toward a mindset of continuous learning. The initial findings also highlight the challenges ECE programs face that make it difficult for them to participate in quality improvement. We offer suggestions to decision makers interested in implementing quality improvement methods in ECE programs. While this project was conducted before the COVID-19 pandemic, the lessons learned provide insight into potential strategies being implemented to support recovery of child care and early education programs.

The Context for Quality Improvement in ECE Programs

When assessed on traditional measures of observed quality in center-based classrooms, the average scores of classrooms in child care centers and Head Start programs are in the middle- to low-ranges of the measures.³ Teaching practices that support children's language and concept development score particularly low. Improving quality requires understanding the broader context for the ECE workforce and limitations in current quality improvement approaches.

Evidence suggests that compensation and work conditions create economic insecurity and turnover among the ECE workforce which may negatively impact the quality of services children and families receive.

Early educators receive low wages overall, and wage disparities exist among staff of color and staff who are white.⁴ Center-based staff earn \$12 per hour on average and receive minimal employee benefits.⁵ More than half of the child care workforce receives public income supports (such as the Earned Income Tax Credit or Supplemental Nutrition Assistance Program).⁶ Low wages are associated with increased annual turnover in child care programs, estimated at nearly 20 percent of staff in centers.⁷ Compensation is also associated with a national staffing shortage in the wake of the COVID-19 pandemic.⁸ Other conditions impacting the child care work environment are related to job stress, burnout, and depressive symptoms.⁹ Across ECE settings, compensation and conditions for the workforce negatively affect the stability and quality of services provided to children and families.¹⁰ Yet, quality improvement methods do not typically address compensation, benefits, and other workplace conditions that make it challenging to support the well-being of early educators.

Quality improvement opportunities typically focus on promoting compliance with standards through training events or coaching rather than comprehensive approaches to implementing evidence-based practices with the unique children and families served in ECE programs.

Opportunities for ECE programs to participate in meaningful quality improvement and professional development activities differ across states, communities, and program types. For example, while most states have implemented a quality rating and improvement system (QRIS) for ECE programs, the range and depth of quality improvement options available to programs vary across QRIS.¹¹ Nearly all QRIS offer coaching and consultation, but the number of hours, format, and content varies across QRIS and across programs with different needs. Fewer QRIS offer peer-to-peer learning activities, though use of this format is increasing. QRIS typically serve child care centers and family child care programs; fewer Head Start programs receive quality improvement supports through a QRIS, even if they have a rating.¹² Head Start programs have access to supports from regional and national technical assistance providers, and a portion of each grant is allocated for their own training and technical assistance. Nearly all center directors in Head Start report that they offer workshops (sponsored by their own organization or another organization); most also offer coaching and consultation.¹³ Most Head Start teachers (80%) report receiving coaching, with the majority receiving coaching at least once per month. Head Start grantee directors are more likely to

participate in networks of leaders and leadership institutes than center directors, indicating potential discrepancies in how opportunities are offered in Head Start.¹⁴

Although quality improvement supports vary widely, a commonality among program types, state systems, and Head Start grantees is that quality improvement typically focuses on individuals' skills and competencies.

Coaching, consultation, and mentoring in QRIS offer strategies to help individual teachers and directors meet the quality standards outlined in the QRIS (including scores on observational tools). Less attention and limited technical assistance focus on organizational structures and workplace environments that can foster and sustain improvements over time.¹⁵ A concern among some QRIS leaders is that coaching individuals on the standards or observational tools can result in practice changes that are not sustained because they are not embedded in the structures and processes of the program.¹⁶ They may also promote point-in-time demonstration of skills instead of skills that are part of everyday routines.

While quality improvement and continuous learning are prioritized and embedded in QRIS and the Head Start Program Performance Standards, it is challenging for programs to apply these recommendations in everyday practices.

While two-thirds of QRIS offer technical assistance focused on continuous improvement, each QRIS defines and implements this focus differently. Continuous improvement may include completing an assessment and setting goals based on assessment results but is less likely to include regular data collection and improvement cycles to test changes in practices. The 2016 Head Start Program Performance Standards require programs to engage in monitoring and continuous improvement, but evidence suggests that Head Start programs have progress to make in using data for program improvement.¹⁷

Addressing quality improvement in the current context thus requires approaches that consider the wide variety of experiences early educators have with quality improvement and the challenges of low compensation, turnover, and staffing shortages. Approaches that acknowledge the importance of organizational structures and climate, collaborative approaches, and ongoing learning would be valuable in ECE systems.

Creating a Culture of Continuous Improvement

Quality improvement methods used in health care and business can be applied to ECE. Research indicates their effectiveness and their focus on the content and the process of improvement, including developing an infrastructure that supports quality improvement over time.¹⁸ Quality improvement methods provide content neutral tools that can be applied across different teaching practices in ECE. The structures for implementing the tools help build positive dynamics among program leaders and staff. By creating a positive work climate and a culture of continuous learning, changes in practice can be sustained over time.

The BSC is a method developed by the Institute for Healthcare Improvement and used for nearly two decades across health and social service settings.¹⁹ In this section we provide a simplified description of the BSC and how it was tested in ECE programs in the CCL project.^a

Following are key elements of the BSC methodology that create the conditions in ECE programs that support sustained changes in practice.

^a For additional technical details about the BSC, refer to other products from the CCL project including the Final Report (<https://www.childtrends.org/project/culture-of-continuous-learning-project>)



Engage ECE programs in a learning collaborative

Staff in ECE programs in one pilot community learned about the project during active outreach activities by the CCL project team. Programs completed an application stating their interest and capacity to participate. The project team developed selection criteria and invited all seven program applicants to join the BSC. This engagement supported intentional decision making by the ECE program and ensured that the project team was equipped to meet the needs of each program joining the collaborative. Once enrolled, programs participated for 12 months. Participants received continuing education credits for time spent in project activities.



Develop shared goals for change

In consultation with local ECE experts, the CCL project team identified quality improvement goals and evidence-based practices that guided the BSC. The project team selected goals related to supporting children's social and emotional learning using the Pyramid Model as a guide.²⁰ Other options for early childhood content could include health and safety practices, trauma-informed care, or children's language and literacy. In a BSC, each selected goal is paired with metrics to show progress over time. Two monthly metrics were selected for the project: behaviors perceived as challenging and two-way communication with families.



Learn in teams

Teams are an essential feature of a BSC. Each of the seven ECE programs in the BSC identified a team that included teachers, directors, and parents. These teams interacted within their program and with teams from other ECE programs in the BSC. The teams met for four full-day, in-person sessions and participated in phone calls and online forums that promoted collaboration and cross-team sharing. Teams varied in size from four to eight members. Learning in teams supports participants in developing relationships that help them think through challenges, share successful strategies, and feel validated and respected in their work. Team work also provides peer accountability that inspires continued progress. The permission granted by the center leader for BSC teams to test changes promotes distributed leadership and a sense of ownership and responsibility for the improvement process.



Empower and equip participants to test new practices

The teams identified small changes in social and emotional learning practices to test. They learned new tools for collecting data and reflecting on if the change they tried was an improvement. Each team member was encouraged to contribute ideas for adapting evidence-based practices for their local context. Successful practices were shared with non-participating staff in the program and across programs in the BSC.



Provide expert support on content and the process of improvement

The BSC included experts on social and emotional learning and on the BSC process for supporting change. The experts helped the teams identify evidence-based social emotional practices to try in their classrooms and ways to determine if their practices are working. In a BSC, experts are referred to as faculty coaches.

Initial Findings: Adapting a BSC to Early Care and Education Settings

We examined the feasibility of implementing a BSC in center-based child care and Head Start programs by asking the following questions:

- To what extent did programs engage with the BSC and participate in the activities offered to teams?
- How successfully did programs develop a culture of continuous learning?
- Was there initial evidence that participating in the BSC resulted in desired outcomes related to teaching practices and organizational culture?

We conducted interviews, focus groups, and surveys with participants and the team that implemented the BSC. In this section, we highlight findings from the discussions of each question and share examples of key themes that emerged from the discussions. By design, we did not statistically test observed differences because of the small number of teams that participated.



Findings: Programs varied in their capacity to engage in the BSC. Participants reported that they appreciated the activities and found them different from other quality improvement initiatives.

A key step in ECE quality improvement is meaningful engagement of programs in improvement activities. Given the investment of time needed to participate in the BSC, it was important to assess the interest and capacity of programs to commit to the process.

Programs applied to participate in the project, but the number of applicants was smaller than expected given the number of eligible programs.

- Potential applicants indicated interest, but they were concerned about how staff shortages and participation in other projects would impact their capacity to participate fully.
- The focus on social and emotional learning was a draw for applicants.

Program participation in activities varied across programs and over time.

- Some programs had consistent team representation at in-person activities, while others sent only one or two representatives or did not attend at all.
- Participation in in-person activities decreased over time.
- Senior leaders on teams had competing responsibilities that made it difficult for some to participate.
- Indicators of program participation were compiled to identify two groups of programs: two programs with “robust” participation and five programs with “moderate” participation. These groups of participants differed on other organizational characteristics, with robust participants appearing to have greater capacity for engagement at the outset of the project.

Programs completed the data collection on the monthly metrics.

- All programs were able to collect and submit monthly metrics data, but this process was more challenging for some to complete on a regular basis. For example, two programs submitted only one month of data on children’s negative behavior.
- Identifying a staff person to lead the metrics collection facilitated the process.

Participants enjoyed the BSC and found it to be different from other quality improvement initiatives.

- Participants reported positive perceptions of the activities in the BSC.
- Participants valued the in-person meetings and the opportunities to interact with other team members through monthly calls.
- Participants liked the team and the faculty coaching on social and emotional learning practices.



Findings: The BSC teams invested in developing a culture of continuous learning in their programs.

A culture of continuous learning is created when relationships and structures among teachers, directors, and other administrative staff in a program support curiosity, questions, and reflections about current practices. They are interested in learning from failures as well as successes and in learning from one another. The BSC focused on sparking and amplifying these mindsets and relationships.

We found preliminary evidence of a culture of continuous learning in programs on multiple indicators.

- In some programs, teachers and directors entered the project with mindsets and organizational practices that support continuous learning. Measurement of these constructs showed little change over time. This orientation toward learning and new ideas may in fact have motivated programs to apply to participate in the project.
- Teachers and other staff reported that they were encouraged by their BSC team to take initiative and demonstrate leadership in trying and promoting new practices, regardless of their formal title in the program.
- The teams interacted with other programs to share learning and identify opportunities to test new practices. Working with teams in other programs exposed participants to new ideas they may not have considered, as well as opportunities to learn from what worked well and what did not work well in other programs.²¹

Some personal characteristics (e.g., personal efficacy, sense of psychological safety) associated with developing a culture of continuous learning appeared to differ across the robust and moderate participation groups.

- Directors' and teachers' beliefs in their ability to make decisions that result in positive outcomes ("efficacy") are part of a culture of continuous learning. Directors and teachers in the robust participation group started high and stayed high on measures of efficacy. Directors and teachers in the moderate participation group started lower on measures of efficacy, but scores increased over time.
- Psychological safety refers to a sense of security and trust that expressing ideas is welcome in the program. Measures of psychological safety did not change over time; however, directors and teachers in the robust participation group started and stayed higher on the measure than those in the moderate participation group.



Findings: The project saw preliminary changes in teaching practices and organizational culture.

A key question when assessing the feasibility of a quality improvement method in ECE programs is, "Does the method have promise to change the outcomes of interest?" The BSC targeted (a) beliefs and practices to support children's social and emotional learning, (b) shared learning with non-team members, (c) knowledge and skills related to the process of making improvement, (d) features of workplace culture that support continuous learning, and (e) sustained changes after participating in the BSC.

We saw preliminary evidence of changes across most but not all the outcomes of interest. As noted, statistical tests were not conducted on the observed outcomes.

Beliefs about social and emotional learning

- Team members demonstrated little change over time on a measure of beliefs about social and emotional learning. We did not see differences in scores on the measure between the robust or moderate participation groups. Programs with a strong orientation to social and emotional learning may have been more inclined to apply for the CCL project than other programs.

Shared learning

- When program teams identified successful practice changes, they shared information with other teams. Teams adopted new practices related to, for example, family engagement strategies, options for recognizing staff contributions, and techniques for supporting staff well-being under stress.
- Some program team members reported challenges in sharing the tools from the BSC with non-team members. Other team members provided examples of how they shared learning with non-team members in their programs.

Knowledge of strategies to support continuous improvement

- Teams reported they had acquired new knowledge about making and sustaining improvements using the tools and skills obtained through the learning collaborative.
- Team members described how becoming familiar with data and data collection procedures helped them become more confident in their work and recognize that improvement is an ongoing process.

Leadership and organizational culture

- Team members reported an appreciation for seeing members of their program demonstrate leadership, regardless of the person's job title.
- Job satisfaction appeared to increase over time across teams with either robust or moderate participation, but different patterns were observed. Members of teams with robust participation were higher in measures of satisfaction at both time points than those with moderate participation on all the dimensions that were measured – working conditions, co-worker relations, the work itself, and supervisor relations. Those on robust participation teams reported increases over time on satisfaction with working conditions and supervisor relations. Those on moderate participation teams reported increases over time on satisfaction with co-worker relations and the work itself.

Sustained changes

- Teams reported some continuation of quality improvement practices (such as collecting metrics) six months after participation in the BSC ended.

After examining BSC processes and outcomes, initial evidence indicates that implementing a BSC in ECE programs is feasible and a promising strategy for addressing challenges in current quality improvement initiatives. Though further testing of the methodology is necessary, the findings from this pilot provide decision makers with information about how challenges in ECE quality improvement can be addressed using a method from the health sector. The following section offers considerations for implementing a BSC in ECE programs.

Implications of the Findings for Quality Improvement Initiatives in Early Care and Education Systems

The Breakthrough Series Collaborative is a quality improvement methodology compatible with the needs and priorities of ECE programs and has the potential to fit within ECE quality improvement systems. The CCL case study offers ECE leaders in child care and Head Start a rich example and set of considerations for why and how a BSC might fit in a menu of options offered to ECE programs.

A key feature of the BSC is the focus on supporting evidence-based teaching practices while also addressing the organizational processes and relationships that promote sustained change. The BSC can support teachers in applying what they know to what they do through supportive structures that promote positive relationships and a sense of trust and shared goals among team members. The method can be used across different content areas and teaching practices which makes it a versatile option for the ECE system.

The focus of the BSC on elevating the voices of teachers and supporting them as change agents in their programs also aligns with a focus in ECE on equitable practices. To fully address the needs of teachers and program staff, future piloting of the BSC could be combined with efforts to address wage disparities and economic insecurity among the ECE workforce.

The CCL findings indicate that even with the enthusiasm of participants, it is important to consider how programs with varying levels of capacity can engage in the BSC. ECE leaders can identify the additional supports or adaptations needed to help programs with fewer initial resources or capacity to engage in this type of quality improvement process.

Using data to track progress on monthly metrics is an activity that fits well with existing ECE practices though training and support would be needed to ensure that programs have the tools they need to be successful. The CCL project revealed challenges in collecting data, especially on a regular schedule. Programs would also need resources to address staffing and substitutes to allow them to participate in BSC activities in an ongoing way.

The CCL study also raises questions that can be addressed in future BSC implementation studies. Future work can address the extent to which a BSC can be embedded in QRIS and Head Start TA systems and how it compares in cost and effectiveness in promoting quality improvements. The CCL study findings suggest that certain program characteristics may be a better fit with BSC activities. An implementation study can assess options for identifying program participants and understanding how their characteristics impact their participation and ultimate success in a BSC.

References

¹ Office of Child Care (OCC). (2020). Child Care and Developmental Fund Fiscal Year 2018 State Spending from All Award Years. <https://www.acf.hhs.gov/occ/resource/ccdf-expenditures-overview-for-fy-2018-all-appropriation-years>

Early Childhood Learning & Knowledge Center. (2019). Head Start Program Facts: Fiscal Year 2019. U.S. Department of Health & Human Services. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet-2019.pdf>

² Tout, K., Epstein, D., Soli, M., & Lowe, C. (2015). A Blueprint for Early Care and Education Quality Improvement Initiatives: Final Report. Publication #2015-07. Minneapolis, MN: *Child Trends*. <https://www.childtrends.org/wp-content/uploads/2015/03/2015-07BlueprintEarlyCareandEd1.pdf>

³ Bernstein, S., Bush, C., Aikens, N., Moiduddin, E., Harding, J. F., Malone, L., Tarullo, L., Cannon, J., Filipczak, K., & Lukashanets, S. (2019). A Portrait of Head Start Classrooms and Programs: FACES Spring 2017 Data Tables and Study Design. OPRE Report 2019-10. *Office of Planning, Research and Evaluation*. https://www.acf.hhs.gov/sites/default/files/documents/opre/faces_spring_2017_data_tables_and_study_design_508.pdf

Tout, K., Magnuson, K., Lipscomb, S., Karoly, L., Starr, R., Quick, H., Early, D., Epstein, D., Joseph, G., Maxwell, K., Roberts, J., Swanson, C., & Wenner, J. (2017). Validation of the quality ratings used in Quality Rating and Improvement Systems (QRIS): A synthesis of state studies. OPRE Report, 92. *Office of Planning, Research and Evaluation*. https://www.acf.hhs.gov/sites/default/files/documents/opre/ccepra_qris_validation_report_b508.pdf

⁴ McLean, C., Austin, L. J., Whitebook, M., & Olson, K. L. (2021). Early Childhood Workforce Index 2020. *Center for the Study of Child Care Employment, University of California at Berkeley*. <https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/2/2021/02/Early-Childhood-Workforce-Index-2020.pdf>

Austin, L.J., Edwards, B., Chavez, R. & Whitebook, M. (2019). Racial Wage Gaps in Early Education Employment. *Center for the Study of Child Care Employment, University of California at Berkeley*. <https://cscce.berkeley.edu/racial-wage-gaps-in-early-education-employment/>

⁵ Bureau of Labor Statistics, U.S. Department of Labor. (2021, May 17). Occupational Outlook Handbook: Childcare Workers. *Bureau of Labor Statistics*. <https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm>

⁶ Whitebook, M., McLean, C., Austin, L. J., & Edwards, B. (2018). Early Childhood Workforce Index 2018. *Center for the Study of Child Care Employment, University of California at Berkeley*. <https://cscce.berkeley.edu/wp-content/uploads/2018/06/3-Earnings-Economic-Security.pdf>

⁷ Caven, M., Khanani, N., Zhang, X., & Parker, C. E. (2021). Center-and Program-Level Factors Associated with Turnover in the Early Childhood Education Workforce. REL 2021-069. *Regional Educational Laboratory Northeast Islands*. https://ies.ed.gov/ncee/edlabs/regions/northeast/pdf/REL_2021069.pdf

⁸ Haspel, E. (2020, December 9). *The Other Child Care Crisis: No Staff*. Early Learning Nation. <http://earlylearningnation.com/2020/12/the-other-child-care-crisis-no-staff/>

⁹ Johnson, A. D., Phillips, D. A., Partika, A., Study Team, T. T. S., & Castle, S. (2020). Everyday Heroes: The Personal and Economic Stressors of Early Care and Education Teachers Serving Low-Income Children. *Early Education and Development*, 31(7), 973-993. <https://doi.org/10.1080/10409289.2020.1785266>

¹⁰ Institute of Medicine and National Research Council. (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/19401>.

¹¹ National Center on Early Childhood Quality Assurance. (2020). QRIS Technical Assistance Fact Sheet. https://childcareta.acf.hhs.gov/sites/default/files/public/348_2010_qris_fact_sheet_technical_assistance_final_508compliant.pdf

¹² National Center on Early Childhood Quality Assurance. (2020). QRIS Program Participation Fact Sheet. https://childcareta.acf.hhs.gov/sites/default/files/public/346_2010_qris_fact_sheet_program_participation_final_508compliant.pdf

¹³ Harding, J. F., Moiduddin, E., Malone, L., Cannon, J., Tarullo, L., & Aikens, N. (2017). *A Spotlight on Professional Development in Head Start: FACES Spring 2017* (No. 8133874deb9049d39d78de622b64708e). Mathematica Policy Research. https://www.acf.hhs.gov/sites/default/files/documents/opre/faces_spring_2017_spotlight_on_pd_in_head_start_brief_508.pdf

¹⁴ Ibid.

¹⁵ National Center on Early Childhood Quality Assurance. (2020). QRIS Technical Assistance Fact Sheet. https://childcareta.acf.hhs.gov/sites/default/files/public/348_2010_qris_fact_sheet_technical_assistance_final_508compliant.pdf

¹⁶ Build Initiative. (2017). *Continuous quality improvement in early childhood and school age programs: An update from the field*. <http://qrismetwork.org/sites/all/files/session/resources/Continuous%20Quality%20Improvement%20in%20Early%20Childhood%20and%20School%20Age%20Programs%20-%20An%20Update%20from%20the%20Field.pdf>

¹⁷ Derrick-Mills, T. (2015). *Understanding data use for continuous quality improvement in Head Start: Preliminary findings*. OPRE Report # 2015-33. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <http://www.urban.org/sites/default/files/publication/51211/2000216-understanding-data-use-for-continuous-quality-improvement-in-head-start.pdf>

¹⁸ Daily, S., Tout, K., Douglass, A., Miranda, B., Halle, T., Agosti, J., Partika, A., & Doyle, S. (2018). Culture of Continuous Learning Project: A Literature Review of the Breakthrough Series Collaborative (BSC). OPRE Report 2018-28. Administration for Children & Families. <https://www.childtrends.org/publications/culture-of-continuous-learning-project-a-literature-review-of-the-breakthrough-series-collaborative>

¹⁹ Institute for Healthcare Improvement. (2003). *Innovation series 2003: The Breakthrough Series: IHI's collaborative model for achieving breakthrough improvement*. (White paper). Institute for Healthcare Improvement. <http://www.ihi.org/>

²⁰ Fox, L., Dunlap, G., Hemmeter, M.L., Joseph, G., & Strain, P. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, 58(4), 48-52. <http://eric.ed.gov/?id=EJ676590>

Hemmert, M. L., Ostrosky, M., & Fox, L. (2006). Social and Emotional Foundations for Early Learning: A Conceptual Model for Intervention. *School Psychology Review*, 35(4), 583-601.
<https://doi.org/10.1080/02796015.2006.12087963>

²¹Nembhard, I. M. (2012). All teach, all learn, all improve?: the role of interorganizational learning in quality improvement collaboratives. *Health care management review*, 37(2), 154. doi: [10.1097/HMR.0b013e31822af831](https://doi.org/10.1097/HMR.0b013e31822af831)

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Suggested citation:

Tout, K., Halle, T., Douglass, A., Cleveland, J., Doyle, S., Agosti, J., Bamdad, T., & Nagle, K. (2021). *Promoting a Culture of Continuous Learning in Early Care and Education Settings: A Summary for ECE Leaders*. OPRE Report #2021-207. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at <https://www.acf.hhs.gov/opre>.

Acknowledgements

The Culture of Continuous Learning (CCL) Project: A Breakthrough Series Collaborative (BSC) for Improving Child Care & Head Start Quality is funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. The authors appreciate the support of our OPRE project officers including Nina Philipsen, Ivelisse Martinez-Beck, Sarah Blankenship, and Paula Daneri. In addition, Amanda Coleman, Amanda Bryans, Mary Bruce Webb, and Naomi Goldstein provided helpful reviews and insights. Additionally, Child Trends' communications team supported the production of this brief.

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